

WITHDRAWAL/REINSTATEMENT OF AUTHORITY TO BEAR FIREARMS			
TO: (Military or civilian personnel office)		FROM: (Office symbol of firearm authorization authority)	
I. IDENTIFICATION DATA			
1. NAME (Last, First, Middle Initial)		2. GRADE (Mil or civ)	3. SSAN
4. DUTY AFSC (For civilian personnel, give duty position)		5. MAJCOM/SOA	6. UNIT OF ASSIGNMENT
II. WITHDRAWAL/REINSTATEMENT ACTION			
7. <input type="checkbox"/> AUTHORITY TO BEAR FIREARMS IS WITHDRAWN FOR <input type="checkbox"/> 45 DAYS <input type="checkbox"/> INDEFINITELY		8. <input type="checkbox"/> AUTHORITY TO BEAR FIREARMS IS REINSTATED	
EFFECTIVE DATES OF WITHDRAWAL ACTION			
FROM (Year, month, day)		THROUGH (Year, month, day)	
EFFECTIVE DATE OF REINSTATEMENT			
9. BRIEF SYNOPSIS OF CIRCUMSTANCES WHICH CAUSED WITHDRAWAL/REINSTATEMENT ACTION (Written statement, medical reports, etc., may be attached as summary data)			
10. DATE		11. TYPED NAME & GRADE OF FIREARM AUTHORIZATION AUTHORITY	
12. SIGNATURE			
13. I ACKNOWLEDGE MY AUTHORITY TO BEAR FIREARMS IS <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REINSTATED			
DATE		SIGNATURE OF INDIVIDUAL	
14. CHECK ONE <input type="checkbox"/> WINGCOMMANDER/EQUIVALENT AUTHORITY REVIEW OF INDEFINITE WITHDRAWAL ACTION TO BEAR FIREARMS			
<input type="checkbox"/> HIGHER AUTHORITY REVIEW OF REQUEST FOR WAIVER ACTION TO BEAR FIREARMS			
14A. WING COMMANDER/EQUIVALENT AUTHORITY REVIEW OF INDEFINITE WITHDRAWAL ACTION AND REQUEST FOR WAIVER TO BEAR FIREARMS FOR CASES OTHER THAN SUBSTANCE ABUSE (If withdrawal action is revoked, authority to bear firearms is reinstated)			
<input type="checkbox"/> WITHDRAW <input type="checkbox"/> REINSTATE			
DATE		TYPED NAME, GRADE, & ORGANIZATION OF COMMANDER	
SIGNATURE			
14B. MAJOR COMMANDER/EQUIVALENT AUTHORITY REVIEW OF REQUEST FOR WAIVER OF INDEFINITE WITHDRAWAL ACTION TO BEAR FIREARMS FOR ALCOHOL ABUSE/ALCOHOLIC CASES (If withdrawal action is revoked, authority to bear firearms is reinstated)			
<input type="checkbox"/> WITHDRAW <input type="checkbox"/> REINSTATE			
DATE		TYPED NAME, GRADE, & COMMAND OF COMMANDER	
SIGNATURE			
14C. HQ USAF/SOA FUNCTIONAL MANAGER REVIEW OF REQUEST FOR WAIVER OF INDEFINITE WITHDRAWAL ACTION TO BEAR FIREARMS FOR DRUG USE/ADDICT/SUPPLIER CASES (If withdrawal action is revoked, authority to bear firearms is reinstated)			
<input type="checkbox"/> WITHDRAW <input type="checkbox"/> REINSTATE			
DATE		TYPED NAME, GRADE, & STAFF AGENCY OF COMMANDER	
SIGNATURE			
III. FOR USE BY MILITARY OR CIVILIAN PERSONNEL OFFICE			
TO: (Firearm authorization authority)		FROM: (Personnel office)	
THE INDIVIDUAL'S PERSONNEL RECORD HAS BEEN UPDATED IAW AFR 36-20/AFR 39-11, OR PROCESSED IAW AFR 40-293. A COPY OF THIS FORM HAS BEEN <input type="checkbox"/> PLACED IN THE OFFICER/AIRMAN FIELD RECORD <input type="checkbox"/> ATTACHED/ANNOTATED ON THE EMPLOYEE'S AF FORM 971, SUPERVISOR'S RECORD OF EMPLOYEE.			
DATE		TYPED NAME OF PERSONNEL OFFICIAL/REPRESENTATIVE	
SIGNATURE			
AF FORM 590, APR 82 PREVIOUS EDITION WILL BE USED			
Tear along dotted line -----			
IV. ARMORY FACILITY RECORD (Complete this section before detaching)			
TO: (Office symbol of armory facility)		FROM: (Office symbol of firearm authorization authority)	
THE AUTHORITY FOR THE BELOW NAMED INDIVIDUAL TO BEAR FIREARMS AND BE ISSUED AMMUNITION IS			
<input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REINSTATED			
TYPED NAME (Last, First, Middle Initial)		GRADE	SSAN
ORGANIZATION			
DATE		TYPED NAME & GRADE OF INDIVIDUAL'S FIREARM AUTHORIZATION AUTHORITY	
SIGNATURE			